

STATE OF MICHIGAN
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES
Before the Director of the Department of Insurance and Financial Services

In the matter of

Tirence Ansley
Unlicensed

Enforcement Case No. 25-18131

Respondent.

ISSUED AND ENTERED

on June 16, 2025

by Joseph A. Garcia

Senior Deputy Director and General Counsel

FINAL DECISION

I. INTRODUCTION

This case concerns allegations that Tirence Ansley (“Respondent”) fraudulently obtained three insurance policies by using, without permission, the personal information of a Michigan resident in violation of the Michigan Insurance Code, 1956 PA 218, MCL 500.100 to 500.8302 (the “Code”).

On April 16, 2025, the Department of Insurance and Financial Services (“DIFS”) issued to the Respondent an Administrative Complaint and Statement of Factual Allegations (referenced together as the “Complaint”) offering the Respondent an opportunity to participate in a formal administrative hearing regarding the alleged misconduct. The Complaint contained a section headed “Opportunity for Hearing” which stated:

SHOULD YOU WISH TO REQUEST AN ADMINISTRATIVE HEARING AS DESCRIBED ABOVE, YOU MUST DO SO BY FILING A REQUEST FOR HEARING WITHIN TWENTY-ONE DAYS OF THE DATE OF THIS NOTICE. FAILURE TO REQUEST SUCH A HEARING MAY RESULT IN THE FACTS ASSERTED IN THIS COMPLAINT BEING ACCEPTED AS TRUE BY THE DIRECTOR AND THE IMMEDIATE ISSUANCE OF A FINAL DECISION IMPOSING SANCTIONS AGAINST YOU WITHOUT FURTHER OPPORTUNITY TO BE HEARD.

Respondent did not submit a request for hearing. Given the Respondent’s failure to request a hearing, the unchallenged allegations in the Complaint are accepted as true. Based on the Complaint, the Director of DIFS makes the following Findings of Fact and Conclusions of Law.

II. FINDINGS OF FACT

The unchallenged factual allegations contained in the Complaint’s Statement of Factual Allegations are accepted as true and are restated below.

1. Respondent is not licensed under the Code.

2. On or about December 5, 2024, DIFS opened an investigation based upon information it received indicating that Respondent may have fraudulently purchased insurance policies under another individual's name and presented those policies to the Michigan Department of State ("MDOS") to obtain license plate stickers and vehicle registrations. The investigation revealed the following information:
3. On or about October 17, 2023, B.S. ("Complainant") submitted a complaint to MDOS that alleged her identity was used without her permission to submit applications for and purchase multiple insurance policies with Progressive. She stated that her name, address, date of birth, and/or driver's license number was used to obtain two Progressive auto insurance policies and one Progressive motorcycle insurance policy.
4. It was on or around that date that Complainant received documentation from Progressive for the three different policies. Policies 973871750 and 973871917 were automobile policies. Policy 973873081 was a motorcycle policy. Complainant verified that the name, address and contact information provided to Progressive were her personal information, but confirmed that she did not need, want, or request the coverage.
5. On or about January 2, 2024, taking the Service Set Identifier ("SSID") used to obtain Policy 973871917, Progressive scanned its system for policies issued from the same SSID address and found a match. Specifically, Progressive found that Policy 956559467 matched, and it was still an active and valid insurance policy created and issued on or about March 10, 2022, to both Complainant and Respondent.
6. Policy 956559467 included Respondent as a named insurer and the Complainant as a resident relative. Moreover, it provided Respondent's home address as the same residential address for Complainant that was set forth in the three unauthorized policies set forth above.
7. DIFS Staff received information from Progressive confirming that the three fraudulently obtained insurance policies in 2023, along with the legitimately obtained 2022 insurance policy, were all created from the same SSID address as that which Respondent uses for his computer activity.
8. As part of its investigation, DIFS confirmed with MDOS that Respondent is still a resident of the address listed on each of the policies identified above.

III. CONCLUSIONS OF LAW

The unchallenged conclusions of law contained in the Complaint are accepted as true and are restated below.

1. Respondent either knew or should have known that Section 4503(a) of the Code, MCL 500.4503(a), provides the following:

A fraudulent insurance act includes, but is not limited to, acts or omissions committed by any person who knowingly, and with an intent to injure, defraud, or deceive:

- (a) Presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer or any agent of an insurer, or any agent of an insurer, reinsurer, or broker any oral or written statement knowing that the statement contains any false information concerning any fact material to an application for the issuance of an insurance policy.
2. By pretending to be the Complainant and providing personal information to Progressive as the Complainant in connection with the submission of insurance applications for the three unauthorized policies set forth above, Respondent has committed fraudulent insurance acts, pursuant to MCL 500.4503(a).
3. Respondent's Code violations described above provide an appropriate basis for DIFS to impose sanctions under Section 150(1)(a) of the Code, MCL 500.150(1)(a), which provides:
- (1) Any person who violates any provision of this act for which a specific penalty is not provided under any other provision of this act or of other laws applicable to the violation must be afforded an opportunity for a hearing before the director under the administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to 24.328. If the director finds that a violation has occurred, the director shall reduce the findings and decision to writing and issue and cause to be served on the person charged with the violation a copy of the findings and an order requiring the person to cease and desist from the violation. In addition, the director may order any of the following:
- (a) Payment of a civil fine of not more than \$1,000.00 for each violation. However, if the person knew or reasonably should have known that he or she was in violation of this act, the director may order the payment of a civil fine of not more than \$5,000.00 for each violation.... An order of the director under this subdivision must not require the payment of civil fines exceeding \$50,000.00....
4. The three fraudulent insurance policies support a fine of up to \$15,000.00 under Section 150(1), MCL 500.150(1). Because Section 150(1) of the Code, MCL 500.150(1), provides for a fine of up to \$5,000.00 for each violation of the Code if the person "knew or reasonably should have known that he or she was in violation of [the Code], up to a maximum of \$50,000.00, a fine of \$15,000.00 is reasonable considering that Respondent knew or reasonably should have known that obtaining three fraudulent insurance policies from Progressive for the Complainant—who never requested, wanted, or needed such coverage—constituted a violation of the Insurance Code.


IV. ORDER

Therefore, it is **ORDERED** that:

- A. Respondent is in default in this matter and all allegations in the Complaint are accepted as true in all respects.
- B. Pursuant to Section 150(1)(a) of the Code, MCL 500.150(1), Respondent shall cease and desist from violating the Code provisions cited above.

C. Respondent shall pay a civil penalty of \$15,000.00.

Anita G. Fox, Director
For the Director:



Joseph A. Garcia
Senior Deputy Director and General Counsel